

ORDER ADDITIONAL DIPLOMAS or REPLACE PAST DIPLOMAS

TO REQUEST COPIES OF YOUR DIPLOMA, COMPLETE THIS FORM, ENCLOSE A CHECK OR MONEY ORDER (\$10 PER COPY) THEN MAIL THIS FORM AND PAYMENT TO THE ADDRESS LISTED BELOW.

NAME:	L#	Date of Birth:
PLACE A CHECK MARK NE	EXT TO THE DIPLOMA YOU WANT PLOMA	
PLACE A CHECK MARK NE	EXT TO THE DEGREE/CERTIFICATE YOU	WANT (YOU MAY CHECK MORE THAN ONE).
☐ AAOT – ASSOCIA ☐ AS – ASSOCIATE (☐ ASOT – ASSOCIA	TE OF SCIENCE OREGON TRANSFER: BU E OF GENERAL STUDIES	JSINESS
AND LIST YOUR PROGRAM	NAME.	WANT (YOU MAY CHECK MORE THAN ONE)
CAREER AND TECHNICAL PROGRAMS:		
☐ AAS ASSOCIATE OF APPLIED SCIENCE. LIST PROGRAM NAME:		
☐ 2 YEAR CERTIFICATE. LIST PROGRAM NAME:		
☐ CAREERS PATHWAY CERTIFICATE. LIST PROGRAM NAME:		
ARE YOU A MEMBER OF:	☐ PHI THETA KAPPA? ☐ PSI BETA?	WILL YOU RECEIVE: ☐ HONORS?
SIGNATURE:	DATE:	PHONE:
MAILING ADDRESS:		
CITY	STATE	ZIP

ENCLOSE A CHECK OR MONEY ORDER WITH THIS APPLICATION AND MAIL TO:

LANE COMMUNITY COLLEGE ENROLLMENT SERVICES 4000 EAST 30TH AVENUE EUGENE OR 97405-0640